SFN:003493

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
22	☐ Yes ☒ No	01/26/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 2

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 12/06/2012 2. 05/30/2013 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/26/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003494

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
20	☐ Yes ☒ No	01/26/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/08/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003495

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
18	☐ Yes ☒ No	01/26/2016	9th-12th, No Diploma

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/25/2015	9	7

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003496

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

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Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
30	☑ Yes ☐ No	01/26/2016	Bachelor's Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☑ White ☐ Other ☐ Unknown

Ethnicity
☑ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 2	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. UNKNOWN 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☑ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☑ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☑ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☑ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☑ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☑ Medical (Nonsurgical) Mifepristone ☑ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/10/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003497

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

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Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
25	☐ Yes ☒ No	01/26/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/12/2015	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003498

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
22	☐ Yes ☒ No	01/26/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/07/2015	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003499

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
26	☐ Yes ☒ No	01/26/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive?	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination
☐ Yes ☒ No		☒ None ☐ Uterine Perforation
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	☐ Hemorrhage ☐ Cervical Laceration
		☐ Infection ☐ Retained Products
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	☐ Other *(Specify)*

Did this termination of pregnancy result in a maternal death?
☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/05/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003500

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
25	☐ Yes ☒ No	01/26/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/25/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003501

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
36	☐ Yes ☒ No	01/26/2016	Bachelor's Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/27/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003502

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
19	☐ Yes ☒ No	01/26/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☒ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 07/11/2015 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/04/2015	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003503

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
27	☐ Yes ☒ No	01/19/2016	Doctorate/Professional Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/20/2015	9	7

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003504

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
15	☐ Yes ☒ No	01/19/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone	☐ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol	☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage	☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration	☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question.	For Medical (Surgical) procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions.	If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/25/2015	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003505

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
35	☐ Yes ☒ No	01/19/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 2	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 2008 2. 2010 3. ____ 4. ____ 5. ____ 6. ____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/25/2015	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: ____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003506

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
17	☐ Yes ☒ No	01/19/2016	9th-12th, No Diploma

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/01/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003507

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
26	☐ Yes ☒ No	01/19/2016	Doctorate/Professional Degree

Race
☐ American Indiana or Alaska Native ☒ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/26/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003508

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
22	☐ Yes ☒ No	01/12/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
UNKNOWN	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003509

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
27	☑ Yes ☐ No	01/12/2016	Bachelor's Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☑ White ☐ Other ☐ Unknown

Ethnicity
☑ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☑ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☑ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☑ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☑ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☑ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☑ Medical (Nonsurgical) Mifepristone ☑ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/27/2015	5	3

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003510

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
23	☐ Yes ☒ No	01/12/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/12/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003511

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
36	☐ Yes ☒ No	01/12/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 1995 2. 2010 3. ____ 4. ____ 5. ____ 6. ____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/18/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOPLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: ____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003512

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	01/12/2016	Bachelor's Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/18/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003513

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
27	☐ Yes ☒ No	01/12/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 07/14/2014 2. UNKNOWN 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/16/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:004274

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
25	☐ Yes ☒ No	01/12/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/11/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:004290

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
34	☐ Yes ☒ No	01/05/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☒ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☒ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
10/01/2015	11	9

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:004291

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
39	☒ Yes ☐ No	01/11/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☒ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☒ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/01/2015	10	8

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:004292

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
27	☐ Yes ☒ No	01/11/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 2012 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☒ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☒ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/20/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:004335

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
24	☐ Yes ☒ No	01/04/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☒ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☒ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
11/09/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:003476

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
27	☐ Yes ☒ No	02/23/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☒ Other ☐ Unknown

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
01/07/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003477

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
20	☐ Yes ☒ No	02/23/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☒ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
01/07/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003478

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
19	☐ Yes ☒ No	02/23/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 04/07/2014 2. UNKNOWN 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
01/01/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003479

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
27	☐ Yes ☒ No	02/16/2016	Doctorate/Professional Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 2005 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/23/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003480

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
39	☐ Yes ☒ No	02/16/2016	8th Grade or Less

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 3	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/27/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003481

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
25	☐ Yes ☒ No	02/16/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 3	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 07/01/2010 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/21/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003482

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
41	☐ Yes ☒ No	02/16/2016	Bachelor's Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 10/13/2015 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
01/03/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003483

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
41	☒ Yes ☐ No	02/16/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 3	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 01/01/2015 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/17/2015	9	7

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003484

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☒ Yes ☐ No	02/16/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 02/08/2006 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone	☐ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol	☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage	☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration	☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question.	For Medical (Surgical) procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions.	If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/15/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003485

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
28	☐ Yes ☒ No	02/16/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino
☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/25/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003486

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
24	☐ Yes ☒ No	02/16/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/18/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003487

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
31	☐ Yes ☒ No	02/16/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 4	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 11/01/2015 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/27/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003488

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
28	☐ Yes ☒ No	02/16/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 3	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/19/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003489

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
24	☐ Yes ☒ No	02/16/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
UNKNOWN	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003490

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
27	☑ Yes ☐ No	02/16/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☑ White ☐ Other ☐ Unknown

Ethnicity
☑ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 3	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 2

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 04/07/2014 2. 10/13/2014 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☑ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☑ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☑ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☑ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☑ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☑ Medical (Nonsurgical) Mifepristone ☑ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/17/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003491

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	02/16/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 07/23/2015 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/21/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003492

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	02/16/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
12/21/2015	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003842

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
31	☐ Yes ☒ No	03/07/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 2002 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☒ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☒ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
01/12/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:003470

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
22	☐ Yes ☒ No	04/05/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/15/2015	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003471

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
24	☐ Yes ☒ No	04/05/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/07/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003472

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	04/05/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 12/12/2013 2. UNKNOWN 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone	☐ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol	☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage	☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration	☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question.	For Medical (Surgical) procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions.	If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
01/25/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003473

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
23	☐ Yes ☒ No	04/05/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/14/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003474

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
30	☐ Yes ☒ No	04/05/2016	9th-12th, No Diploma

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 3	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/12/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003475

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
19	☐ Yes ☒ No	04/05/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/15/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003845

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
34	☐ Yes ☒ No	04/25/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☒ Other ☐ Unknown

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 2

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. UNKNOWN 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/28/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:003906

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	04/12/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/24/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/28/2016

SFN:003908

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
30	☐ Yes ☒ No	04/12/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone	☐ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol	☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage	☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration	☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question.	For Medical (Surgical) procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions.	If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/22/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

**DATE RECEIVED BY ISDH *(month, day, year)*: _____

SFN:003909

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
22	☐ Yes ☒ No	04/12/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 10/15/2013 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/18/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:003910

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
25	☐ Yes ☒ No	04/12/2016	Bachelor's Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/23/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:003911

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
19	☐ Yes ☒ No	04/11/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 2	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. UNKNOWN 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
02/14/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:004374

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
22	☐ Yes ☒ No	04/22/2016	Bachelor's Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/04/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003457

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
26	☑ Yes ☐ No	05/17/2016	9th-12th, No Diploma

Race
☐ American Indiana or Alaska Native ☑ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☑ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☑ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☑ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☑ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☑ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☑ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☑ Medical (Nonsurgical) Mifepristone ☑ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/25/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003458

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
22	☐ Yes ☒ No	05/17/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/16/2016	9	7

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003459

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
32	☐ Yes ☒ No	05/17/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 3	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 05/07/2013 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/21/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003460

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
23	☐ Yes ☒ No	05/17/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/01/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003461

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
24	☐ Yes ☒ No	05/17/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino
☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/18/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003462

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
33	☐ Yes ☒ No	05/17/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/26/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003463

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
26	☐ Yes ☒ No	05/17/2016	Bachelor's Degree

Race
☐ American Indiana or Alaska Native ☒ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 06/24/2014 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/25/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003464

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
31	☐ Yes ☒ No	05/17/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/23/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003465

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
22	☑ Yes ☐ No	05/17/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☑ White ☐ Other ☐ Unknown

Ethnicity
☑ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☑ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☑ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☑ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☑ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☑ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☑ Medical (Nonsurgical) Mifepristone ☑ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/10/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 08/13/2016

SFN:003466

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	05/17/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☒ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/02/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003467

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	05/03/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/15/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003468

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
19	☐ Yes ☒ No	05/03/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☒ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/09/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003469

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
31	☐ Yes ☒ No	05/03/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 3	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 2

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 08/07/2013 2. 09/15/2015 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/20/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003707

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
18	☐ Yes ☒ No	05/24/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/05/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/28/2016

SFN:003709

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	05/24/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☒ Unknown
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

Ethnicity
☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/18/2016	9	7

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/28/2016

SFN:003710

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
27	☐ Yes ☒ No	05/24/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/25/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/28/2016

SFN:003770

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
27	☐ Yes ☒ No	05/10/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 04/18/2015 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/11/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/28/2016

SFN:003773

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
37	☐ Yes ☒ No	05/10/2016	Associate Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/15/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/28/2016

SFN:003774

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
16	☐ Yes ☒ No	05/09/2016	9th-12th, No Diploma

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☒ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☒ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/16/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/27/2016

SFN:003793

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
28	☐ Yes ☒ No	05/03/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 3	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☒ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☒ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
UNKNOWN	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003813

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
30	☐ Yes ☒ No	05/02/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☒ Medical (Nonsurgical) Mifepristone
☒ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive? ☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
03/15/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/28/2016

SFN:003398

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**.
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	06/14/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 1

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 03/17/2015 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/15/2016	6	4

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

**DATE RECEIVED BY ISDH *(month, day, year)*: _____

SFN:003435

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
19	☐ Yes ☒ No	06/14/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/26/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003447

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
33	☐ Yes ☒ No	06/14/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 4	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 9	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 2013 2. UNKNOWN 3. UNKNOWN 4. UNKNOWN 5. UNKNOWN 6. UNKNOWN

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
UNKNOWN	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

**DATE RECEIVED BY ISDH *(month, day, year)*: _____

SFN:003453

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
33	☐ Yes ☒ No	06/14/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 2	Number now deceased: 1
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. UNKNOWN 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question.	For Medical (Surgical) procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions.	If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/15/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003454

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
19	☐ Yes ☒ No	06/14/2016	Some College, No Degree

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/13/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003455

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
21	☐ Yes ☒ No	06/14/2016	9th-12th, No Diploma

Race
☐ American Indiana or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/13/2016	7	5

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

**DATE RECEIVED BY ISDH *(month, day, year)*: _____

SFN:003456

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
22	☐ Yes ☒ No	06/14/2016	High School Diploma or GED

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other ☐ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 1	Number now deceased: 0
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations: 0

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☒ Medical (Nonsurgical) Mifepristone ☒ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
04/16/2016	8	6

How were the gestational age and post fertilization age determined?
ULTRASOUND

Full name of physician performing termination
DR. MICHAEL KING

Address of physician performing termination *(number and street, city, state, and zip code)*
8950 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

DATE RECEIVED BY ISDH *(month, day, year)*: 07/29/2016

SFN:003610

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
	☐ Yes ☐ No	06/11/2016	

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

Ethnicity
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living	Number now deceased
Other Terminations:	Number of spontaneous terminations	Number of induced terminations

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☐ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination
Fetus viable? ☐ Yes ☐ No	If viable, medical reason for termination:	☐ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Pathological examination performed? ☐ Yes ☐ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☐ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ Medical (Nonsurgical) Mifepristone
☐ Medical (Nonsurgical) Misoprostol
☐ Medical (Nonsurgical) Other *(Specify)*

☐ Medical (Surgical) Suction Curettage
☐ Medical (Surgical) Menstrual Aspiration
☐ Medical (Surgical) Other *(Specify)*

For Medical (Surgical) procedures, answer the following question.

Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No

If the previous question was answered yes, complete the following questions.

Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*

How were the gestational age and post fertilization age determined?
ULTRA SOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

**DATE RECEIVED BY ISDH *(month, day, year)*: _____

SFN:003616

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

**** If the patient is less than fourteen (14) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health **no later than July 30 for each termination performed in the first six (6) months of that year** and **no later than January 30 for each termination performed for the last six (6) months of the preceding year**. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5-(b).

Facility Name and Address	City or town, of pregnancy termination	County of pregnancy termination
PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	LAFAYETTE	TIPPECANOE

Patient's age**	Married	Date of pregnancy termination	Education
19	☐ Yes ☐ No	06/11/2016	

Race
☐ American Indiana or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☒ Unknown

Ethnicity
☒ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Live Births:	Number now living: 0	Number now deceased
Other Terminations:	Number of spontaneous terminations: 0	Number of induced terminations

Dates of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination: ☒ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products ☐ Other *(Specify)*
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☐ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☐ No

Type of Termination Procedures

Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other *(Specify)*
☒ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other *(Specify)*
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age of at least 20 weeks? ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
	10	8

How were the gestational age and post fertilization age determined?
ULTRA SOUND

Full name of physician performing termination
DR. JEFFREY D. GLAZER

Address of physician performing termination *(number and street, city, state, and zip code)*
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

[redacted]

**Date Reported to DCS, if Patient under 14 *(month, day, year)*: _____

**DATE RECEIVED BY ISDH *(month, day, year)*: _____